SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

FILED
COURT OF CLAIMS
OF OHIO

2015 JUN 22 AM 10:43

2015-00575
Ohio Department of Transportation
1980 West Broad Street
Mail Stop 1500
Columbus, Ohio 43223

9590 9401 0069 5071 4071 94

2. Article Number *(Transfer from service label)*
7015 0640 0005 2424 6864

COMPLETE THIS SECTION ON DELIVERY

A. Signature
☐ Agent
☐ Addressee

B. Received by *(Printed Name)* K McIntyre
C. Date of Delivery 6/18/15

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

COLUMBUS, OH 43215 USPS
JUN 17 2015

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Mail
☐ Mail Restricted Delivery (over $500)
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt